



# Donor Card

**I pledge to support healing for the women and children affected by domestic violence/sexual assault  
and understand that my annual donation is tax deductible.**

**This is an annual gift of \$ \_\_\_\_\_ for the next**  **2 years**  **3 years**  **4 years**  **5 years**

**Payment Options:**

Enclosed is my check for \$ \_\_\_\_\_ *(Please make checks payable to Safenet Services, Inc.)*

Please charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  Discover  Monthly  Annually

Name on Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name(s) \_\_\_\_\_ (As I/we would like my/our name to appear in Safenet records.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Please initial here if you want your gift to remain anonymous

**Please return donor card to: Safenet Services, Inc. (a 501 ( c)(3) organization**

**Mailing Address: P.O. Box 446 Claremore, OK 74018 Phone: 918-341-1424 Fax: 918-341-1471**